

## Centers for Medicare & Medicaid Services, HHS

## §414.4

- 414.316 Payment for physician services to patients in training for self-dialysis and home dialysis.
- 414.320 Determination of reasonable charges for physician renal transplantation services.
- 414.330 Payment for home dialysis equipment, supplies, and support services.
- 414.335 Payment for EPO furnished to a home dialysis patient for use in the home.

### Subparts F–G [Reserved]

### Subpart H—Fee Schedule for Ambulance Services

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- 414.610 Basis of payment.
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AUTHORITY: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

SOURCE: 55 FR 23441, June 8, 1990, unless otherwise noted.

EDITORIAL NOTE: Nomenclature changes affecting this part appear at 60 FR 50442, Sept. 29, 1995, and 60 FR 53877, Oct. 18, 1995.

### Subpart A—General Provisions

#### §414.1 Basis and scope.

This part implements the following provisions of the Act:

1802—Rules for private contracts by Medicare beneficiaries.

1833—Rules for payment for most Part B services.

1834(a) and (h)—Amounts and frequency of payments for durable medical equipment and for prosthetic devices and orthotics and prosthetics.

1834(1)—Establishment of a fee schedule for ambulance services.

1834(m)—Rules for Medicare reimbursement for telehealth services.

1848—Fee schedule for physician services.

1881(b)—Rules for payment for services to ESRD beneficiaries.

1887—Payment of charges for physician services to patients in providers.

[67 FR 9132, Feb. 27, 2002]

#### §414.2 Definitions.

As used in this part, unless the context indicates otherwise—

*AA* stands for anesthesiologist assistant.

*AHPB* stands for adjusted historical payment basis.

*CF* stands for conversion factor.

*CRNA* stands for certified registered nurse anesthetist.

*CY* stands for calendar year.

*FY* stands for fiscal year.

*GAF* stands for geographic adjustment factor.

*GPCI* stands for geographic practice cost index.

*HCPCS* stands for CMS Common Procedure Coding System.

*Physician services* means the following services to the extent that they are covered by Medicare:

(1) Professional services of doctors of medicine and osteopathy (including osteopathic practitioners), doctors of optometry, doctors of podiatry, doctors of dental surgery and dental medicine, and chiropractors.

(2) Supplies and services covered “incident to” physician services (excluding drugs as specified in §414.36).

(3) Outpatient physical and occupational therapy services if furnished by a person or an entity that is not a Medicare provider of services as defined in §400.202 of this chapter.

(4) Diagnostic x-ray tests and other diagnostic tests (excluding diagnostic laboratory tests paid under the fee schedule established under section 1833(h) of the Act).

(5) X-ray, radium, and radioactive isotope therapy, including materials and services of technicians.

(6) Antigens, as described in section 1861(s)(2)(G) of the Act.

(7) Bone mass measurement.

*RVU* stands for relative value unit.

(8) Screening mammography services.

[56 FR 59624, Nov. 25, 1991, as amended at 57 FR 42492, Sept. 15, 1992; 58 FR 63686, Dec. 2, 1993; 59 FR 63463, Dec. 8, 1994; 60 FR 63177, Dec. 8, 1995; 63 FR 34328, June 24, 1998; 66 FR 55322, Nov. 1, 2001]

#### §414.4 Fee schedule areas.

(a) *General.* CMS establishes physician fee schedule areas that generally conform to the geographic localities in existence before January 1, 1992.

(b) *Changes.* CMS announces proposed changes to fee schedule areas in the